

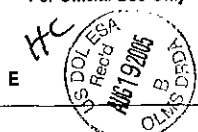
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>14050</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>E</u> <u>McKee Jr.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>5891 Allentown Road</u> City <u>Camp Springs</u> State <u>Maryland</u> ZIP Code + 4 <u>20746-4570</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers AFL-CIO LU 5</u> Labor Organization File Number <u>020-400</u> P.O. Box, Building and Room Number, if any _____ Street <u>5891 Allentown Road</u> City <u>Camp Springs</u> State <u>Maryland</u> ZIP Code + 4 <u>20746-4570</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John E. McKee Jr.</u>	On <u>8.15.2005</u> Date	<u>301 899-7861</u> Telephone Number

Name of Person Filing John McKee Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plumbers & Pipefitters Apprenticeship Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8509 Ardwick Ardmore Road

City Landover

State Maryland ZIP Code + 4 20785

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Accepts contribution on behalf of employees covered by CBA in order to provide education for apprentices and journeymen in the plumbing and pipefitting industry.

11.b. Approximate dollar value of such dealing.

\$930,415

12.a. Nature of interest held or income received.

Received two tickets to the Apprentice Graduation Ceremonies.

12.b. Amount.

\$152

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

1003 1680 0001 2142 7412

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MCA of Metropolitan Washington, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4601 Presidents Drive #120</p> <p>City Lanham</p> <p>State Maryland ZIP Code + 4 20706</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Mechanical Contractors Association of Metropolitan Washington is a membership organization of contractors who build and service plumbing, heating, ventilation, air conditioning and refrigeration systems in Washington, DC., Virginia and Maryland.</p> <p>11.b. Approximate dollar value of such dealing. -0-</p> <p>12.a. Nature of interest held or income received.</p> <p>Attend MCAMW spring business dinner meeting. Approx value of dinner \$40.</p> <p>12.b. Amount. \$40</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="Poole & Kent Corporation"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="4530 Hollins Ferry Road"/></p> <p>City <input style="width: 80%;" type="text" value="Baltimore"/></p> <p>State <input style="width: 20%;" type="text" value="Maryland"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="21227"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Poole & Kent Corporation is a signatory contractor with Plumbers Local 5.</p> </div> <p>11.b. Approximate dollar value of such dealing. \$635,827</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Received unsolicited Christmas ham</p> </div> <p>12.b. Amount. \$50</p>

Name of Person Filing John McKee Jr.

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8. Name and address of Business (including trade name, if any).

Name CAUSE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4601 Presidents Drive #120

City Lanham

State Maryland

ZIP Code + 4 20706

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

CAUSE was established to protect, fairly and equitably, the interest of the consumer and the general public as well as those of labor and management in the construction industry. Cause promotes better labor-management relations.

11.b. Approximate dollar value of such dealing.

\$150,000

12.a. Nature of interest held or income received.

Receive (2) tickets (total value approx. \$70.00) to a CAUSE sponsored outing at the Bowie Bay-Sox. All members of Local Union were able to obtain free tickets.

12.b. Amount.

\$70

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8. Name and address of Business (including trade name, if any).

Name Plumbers & Pipefitters Medical Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4600 Powder Mill Road

City Beltsville

State Maryland ZIP Code + 4 20705-2675

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The Fund covers employees in jobs covered by CBA with Local 5. Employers make contributions to the fund for every hour worked in order to provide Health and Welfare benefits to eligible participants.

11.b. Approximate dollar value of such dealing.

\$9,497,677

12.a. Nature of interest held or income received.

Reimbursement for lunches (4) during Medical Fund quarterly meetings minimum 10 attendees per meeting.

12.b. Amount.

\$495

7003 1680 0001 2143 7643

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MCA of Metropolitan Washington, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4601 Presidents Drive #120</p> <p>City Lanham</p> <p>State Maryland ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Mechanical Contractors Association of Metropolitan Washington is a membership organization of contractors who build and service plumbing, heating, ventilation, air conditioning and refrigeration systems in Washington, DC., Virginia and Maryland.</p> <p>11.b. Approximate dollar value of such dealing. - 0 -</p> <p>12.a. Nature of interest held or income received.</p> <p>MCA bought dinner while attending National Service & Maintenance Agreement Oversight Committee meeting held in Morgantown WV.</p> <p>12.b. Amount. \$51</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CAUSE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4601 Presidents Drive #120</p> <p>City Lanham</p> <p>State Maryland ZIP Code + 4 20706</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>CAUSE was established to protect, fairly and equitably, the interest of the consumer and the general public as well as those of labor and management in the construction industry. Cause promotes better labor-management relations.</p> <p>11.b. Approximate dollar value of such dealing. \$150,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Received Christmas gift basket (wine and cheese)</p> <p>12.b. Amount. \$75</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Carday Associates Inc</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>4600 Powder Mill Road</u></p> <p>City <u>Beltsville</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>20705</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Plumbers & Pipefitters Medical Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>4600 Powder Mill Road</u></p> <p>City <u>Beltsville</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>20705</u></p>	<p>11.a. Nature of such dealing.</p> <p>Third party administrator who process and payes medical claims for the Plumbers Local 5 Medical Fund</p> <p>11.b. Approximate dollar value of such dealing. <u>\$314,286</u></p> <p>12.a. Nature of interest held or income received.</p> <p>2 business lunches for calender year 2004 total of \$80.00</p> <p>12.b. Amount. <u>\$80</u></p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Columbia Partners L.L.C. Investment Manageme</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 1775 Pennsylvania Avenue</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Plumbers & Pipefitters Medical Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 4600 Powder Mill Road</p> <p>City Beltsville</p> <p>State Maryland ZIP Code + 4 20705</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Manages the assets of the Plumbers & Pipefitters Medical Fund</p> </div> <p>11.b. Approximate dollar value of such dealing. \$38,123</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Attended 1 business dinner in calender year 2004</p> </div> <p>12.b. Amount. \$49</p>